

STATE OF CALIFORNIA
COURT OF APPEAL, THIRD APPELLATE DISTRICT

CENTER FOR APPELLATE MEDIATION—SACRAMENTO



Alternatives for Resolving Appellate Issues

MEDIATOR APPLICATION

(Please attach your résumé and any additional pages required.)

**EXCEPT FOR PAGE 4, THE INFORMATION PROVIDED IN THIS APPLICATION IS NOT CONFIDENTIAL
AND MAY BE DISCLOSED TO MEMBERS OF THE PUBLIC.**

Name: _____ State Bar No. _____

Firm Name (or Agency): _____

Office Address (or P.O. Box), City or Town, County and Zip Code

Office Phone: _____ Fax: _____ E-mail: _____

1. List your education, including schools, degrees and the dates received.

2. Describe any mediation training you have received.¹ For each training, give the trainer's name, the dates attended and the total hours if available.

3. Identify the subject matter of five disputes for which you have been a mediator in the past five years, with the dates. *(Do not give the names of the parties.)* State whether you were a sole mediator or a co-mediator.
 - (a)

 - (b)

 - (c)

¹ Previous mediation training is not required.

(d)

(e)

4. List other court mediation panels of which you are a member.

5. Identify any other significant mediation experience you have had.²

6. Check your areas of practice:

<input type="radio"/> Attorney Fees	<input type="radio"/> Health Care	<input type="radio"/> Probate
<input type="radio"/> Business /Contract	<input type="radio"/> Housing	<input type="radio"/> Professional Negligence
<input type="radio"/> Construction	<input type="radio"/> Insurance	<input type="radio"/> Public Entity
<input type="radio"/> Defamation	<input type="radio"/> Intellectual Property	<input type="radio"/> Real Estate
<input type="radio"/> Eminent Domain	<input type="radio"/> Landlord/Tenant	<input type="radio"/> Securities
<input type="radio"/> Employment/Labor	<input type="radio"/> Medical Malpractice	<input type="radio"/> Other:
<input type="radio"/> Environment	<input type="radio"/> Partnership	
<input type="radio"/> Family Law	<input type="radio"/> Personal Injury	

7. How many years have you been in active practice? ____ If none, please explain.

8. What is or was the nature of your practice?

9. Are you certified in any specialty? If so, please list.

10. What percentage of your practice has been representing:

Plaintiffs: ____% Defendants: ____%

11. Approximately how many of the following have you completed in the past five years?

Jury trials: ____ Court trials: ____ Arbitrations: ____ Appeals: ____ Administrative Proceedings: ____

² No prior mediation experience is required.

12. Describe your appellate experience.
13. Is your mediation style facilitative or evaluative/directive?
14. List any languages, other than English, in which you can conduct a mediation.
15. If the parties and you agreed to continue the mediation beyond four hours, what hourly rate would you charge? Would you consider continuing pro bono? If so, please explain.
16. State any other information that should be considered in respect to your application.

Please read and sign the following agreement:

- A. In consideration of the free appellate mediation training to be provided by the Court of Appeal (the Court), I agree to accept up to four (4) mediation referrals. ³
- B. With respect to each mediation that I conduct, I agree to provide up to four (4) hours of mediation with the parties free of charge. In the event that the parties agree to have me mediate their dispute beyond four hours, the parties may do so by agreeing to pay me for my services at my ordinary hourly rate stated above. I acknowledge that in no circumstances shall the Court be responsible for paying me any fees, by way of direct payment, guarantee or otherwise. Rather, in the event that I provide services in addition to the four hours of free services, the parties shall be solely responsible for my fees.
- C. I agree to be bound by the Court's mediation rules and procedures.
- D. I agree to waive any and all claims against the Court arising out of my mediation of any Court-referred dispute. I acknowledge that I am an independent contractor and that I serve as a mediator at the will of the Court. The Court may terminate my services as mediator at any time for any reason.
- E. I agree to adhere to the Alternative Dispute Resolution Rules for Civil Cases as set forth in the California Rules of Court.

Date: _____

Name: _____
(print)

(signature)

MAIL OR FAX THIS APPLICATION WITH YOUR RÉSUMÉ AND ANY OTHER ATTACHMENTS BY JUNE 1, 2006, TO:

Cheryl Butler, Supervising Administrative Specialist
COURT OF APPEAL, THIRD APPELLATE DISTRICT
900 N Street, Fourth Floor
Sacramento, California 95814
ATTN: CENTER FOR APPELLATE MEDIATION—SACRAMENTO

TEL: (916) 654-0209
FAX: (916) 653-0317

³ The first session of the free appellate mediation training will be held on **July 13-15 and July 28-29, 2006**, in Sacramento.

Name: _____ State Bar No. _____

REFERENCES

List the names and telephone numbers of three persons familiar with your mediation (M) or appellate (A) skills, indicating which applies:

Name	Phone	M	A
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>